



September 22, 2020

Web Announcement 2312

## Prior Authorization Requirements Related to COVID-19 Treatment

Effective September 21, 2020, the Medicaid Management Information System (MMIS) was updated to waive prior authorization (PA) requirements when the diagnosis is related to COVID-19 treatment for dates of service on or after March 1, 2020, through the official end of the pandemic period. PAs are being waived for the treatment of COVID-19 when billed with diagnosis code U07.1.

The impacted provider types are:

Provider Type	Provider Type Description
10	Outpatient Surgery, Hospital Based
11	Hospital, Inpatient
12	Hospital, Outpatient
33*	Durable Medical Equipment (DME), Disposable, Prosthetics
34 specialty 176	Respiratory Therapy
75	Critical Access Hospital (CAH), Inpatient

\*Attention provider type 33: The waiving of prior authorization requirements only applies to specific codes for your provider type. The following Healthcare Common Procedure Coding System (HCPCS) codes do not require PA related to the above announcement:

A7520-A7522	E0470
E0260-E0261	E0471
E0294	E0472
E0295	E0482
E0301-E0304	E0483
E0430	E0500
E0431	E0562
E0439	E0572
E0441	E0585
E0443	E0601
E0444	E0779
E0447	E0780
E0465	E0781
E0466	K0738
E0467	

Supporting documentation is still required and must be kept for your records as required by provider type rules documented in the Medicaid Services Manual. All fraud, waste and abuse reviews are still applicable with recognition to national pandemic exemptions.